

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/550442

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	101							151					
102								152					
103								153					
104								154					
105								155					
106								156					
107								157					
108								158					
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145								195					
146								196					
147								197					
148								198					
149								199					
150								200					
TOTAL IND.			↓	↓	↓			TOTAL IND.			↓		
TOTAL DEP.			←	←	←			TOTAL DEP.			↓		
TOTAL CLAIMS			ST	ST	ST			TOTAL CLAIMS			ST		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			↓		↓		TOTAL IND.			↓		↓	
TOTAL DEP.			↓		↓		TOTAL DEP.			↓		↓	
TOTAL CLAIMS			↓		↓		TOTAL CLAIMS			↓		↓	

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